Course Feedback Form for Students

Student Information

- **Name:** _____
- **Student ID:** _____
- **Course:** _____
- **Instructor:** _____
- **Academic Term:** _____

Evaluation

Evaluation Criteria	Excellent	Good	Fair	Poor
Course Material	☐	☐	☐	☐
Instructor's Delivery	☐	☐	☐	☐
Class Discussions	☐	☐	☐	☐
Learning Resources	☐	☐	☐	☐
Assessment Fairness	☐	☐	☐	☐
Instructor's Availability	☐	☐	☐	☐
Practical Application	☐	☐	☐	☐
Overall Course Rating	☐	☐	☐	☐

Feedback

- **Strengths of the Course:** _____

- **Improvements Needed:** _____

- **Other Comments:** _____

Student Signature

- **Signature:** _____

- **Date:** _____